

State Employee Health Plan Employee Advisory Application

Name:	
Email Address:	
State Agency:	
Job Title:	
State Agency Address:	
County of Residence:	
County of Work	
Length of State Service	

Demographic Information – Circle answers:

Gender: Female Male
Age band: 20-29 30-39 40-49 50-59 60+

2017 SEHP Coverage Elected:

Plan A: Aetna BCBS
Plan C: Aetna BCBS

2018 SEHP Coverage Elected:

Plan A: Aetna BCBS
Plan C: Aetna BCBS
Plan J: Aetna BCBS
Plan N: Aetna BCBS
Plan Q: Aetna BCBS

2018 Coverage Level: Single Member & Spouse Member & Children Family

Essay portion: Explain why you are interested in serving on the SEHP Employee Advisory Committee?

Employee's Signature

Signature of Employee's Supervisor or Human
Resource officer Authorizing Participation
(required for all submissions)